THE MEDICAL MISSIONARY

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Our Contributor:

Mr. Douglas Newton is a well-known British Catholic author and member of the Editorial Board of The London "Universe".

Your Will:

can help the Medical Mission Sisters bring health and healing to the sick in mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries Inc. (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland and its successors forever the sum of $..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

Our Cover This Month:

Sister M. Adelaide, (Baltimore, Md.) and Sister M. Cyril, (Lakewood, O.) start out on a sick call in the Patna version of a rickshaw, a "bicycle built for three." For other means of getting places in India, see Sister M. Marcella's article on p. 8 "Transportation in India."

THE MEDICAL MISSIONARY

8400 Pine Road

Sister M. Christine, S.C.M.M., Editor

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THE MEDICAL MISSION SISTERS

Who they are:

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions. Some of the Sisters are doctors, nurses or pharmacists; others are engaged in secretarial, household and similar duties necessary for medical mission work.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

To cope with the numerous requests from mission bishops for medical mission centers, many vocations are needed.

Houses of the Society

Motherhouse and Novitiate— 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.
House of Studies—6th & Buchanan Sts., Washington 17, D. C.
Postulate; Osterley, Middx. England
Heerlen, Holland

Missions

PAKISTAN
Holy Family Hospital—Rawalpindi
Holy Family Hospital—Karachi
St. Michael's Hospital—Mymensingh

INDIA
Holy Family Hospital—Patna
Holy Family Hospital—Mandar

INDONESIA
Maternity Clinic, Stella Maris Hospital, Makassar, Celebes

AFRICA
Holy Family Dispensary—Berekum, Gold Coast

UNITED STATES
Catholic Maternity Institute
Santa Fe, New Mexico
The Catholic Colored Clinic
Atlanta, Georgia

A Thought for Press Month

Mountain torrents rushing down narrow gorges, splashing over huge boulders, make a lot of noise, but apart from gathering momentum and looking picturesque, their achievements are comparatively small. Once they have taken up enough tributaries to gain volume and strength and have reached a smooth bed in the plains, they are converted into rivers running calmly, majestically and **beneficently.**

This seems to me a picture of the course a new movement A.M.D.G. has to run. A little spring high up in the lonely mountain peak of ideals, cutting its way as best it can along adventurous routes through rugged and barren landscapes, down slopes and precipices, roaring and splashing to let the world around inquire about its wherefrom, wherefor and whereto. It finally reaches a stage when it is big and evident enough that it can afford to flow on smoothly, distributing its accumulated strength and wealth widely in a quiet way.

The Medical Mission movement has, I think, passed the initial hidden streamlet stage and accumulated some volume already through the interest of Rome and efforts of individuals and groups in all Christian countries. It is heard of more and more. However, for Medical Missions to grow into a mighty stream of healing, relieving and enlightening the disease-ridden, poverty-stricken and superstition-fettered millions in mission territories, tremendous spiritual, mental and physical energy will have to be expended. It is the tributaries that swell the torrent. Vocations, spiritual and material means, research, experience, all these must flow in greater strength to widen the movement. The spoken and written work, visual aids, all forces must be harnessed to give momentum to Christian charity to rid the world of the hideous sores of wholesale unrelieved and preventable suffering and the pitiful darkness of superstition and idolatry.

Once Medical Mission centers inspired by Christian motives and conducted according to Christian principles cover Asia and Africa they will be a mighty stream glorifying God, dispensing peace and good will among men, as the thousands of hospitals and medical centers in Christian countries do now in a very unpublicized way. They have reached the stage where they speak for themselves. Until Medical Missions have reached this happy stage, may we ask you to help the movement on its way by your prayers, interest and support.

A. D.

MEDICAL MISSION PROBLEMS AND TASKS

By Karl Marie Bosslet, O. P.
(J. W. Naumann, Augsburg, 1947)

Reviewed by Mother Anna Dengel

(CONCLUDED)

In the last issue of THE MEDICAL MISSIONARY, the historical part of the Medical Mission Institute of Würzburg was reviewed briefly. In this issue, the section of Problems, in the form of questions and answers, will be summarized in a free translation. They were compiled by Dr. Hubert Langer, a member of the Medical Mission Institute. Dr. Langer says that the best result of these questions would be the helpful suggestions from members and friends.

1. What is the fundamental basis of the vocation of the mission doctor?

The requirements of the vocation are so great that the idea that an average Catholic can satisfy them is as false as that average knowledge suffices. One doctor writes: "Only a serious religious attitude and true mission spirit can be the basis for medical mission work." This religious attitude in the mission doctor is so important that the education of the student in the Institute is arranged in view of it. The life of the mission doctor considered in itself is wonderful, but when considered very soberly, it requires tremendous sacrifices. Such sacrifices only pure enthusiasm for the Cause of God can make.

Some think the way of the Medical Mission Institute too idealistic. As one critic put it: "They presuppose a person with idealistic tendencies who does not consider himself. Such a doctor, I believe, we cannot find anywhere. This pure ideal attitude one can ask of a priest or a religious, but not of a lay intellectual who has to provide for his own life and perhaps also that of others." This spells something like spiritual pride. Whoever wrote these lines would be surprised to know how much pure selflessness has been shown by mission doctors and those who intend to take up this vocation and not only by Catholics. The selfless dedication to the Cause of God is not an exclusive privilege of priests and religious; the "Spirit of God breatheth where it will." (John 3-8) Yes, every apostolate is difficult and the lay apostolate in tropical countries, as testified by doctors, men and women, who are usually alone and dependent on themselves, is more difficult and requires a certain radicalism, that is, the whole giving of the personality for a high aim. Therefore, one may say with Our Lord, "Whoever can take it, let him take it." (Matt. 19, 12) We are only radical in the good and necessary sense in so far as we want for medical missions only the best of the best. We want to send doctors who in their knowledge and skill are above the average. We make the choice according to aptitude of character, of religious attitude and willingness to make sacrifices.

2. Is it preferable to recruit doctors for the missions, or to educate young men and women professionally for the definite vocation of the mission doctor?

Msgr. Becker, the founder of the Medical Mission Institute decided in favor of the latter. The students reside in the Institute during their years of study. Community life is the essence of the Institute. During the period of probation, they are taught to strive for detachment from earthly things and to lead a life of simplicity and poverty according to the example of Our Lord. Community life has the advantage not only of true comradeship, but offers also many opportunities to conquer oneself. This is the spirit that is implanted in Würzburg. The education is based on leading to the voluntary choice of what is good and right and the willing collaboration in the various tasks. The life, atmosphere and guidance there prepare the students for the responsibilities of a positive Catholic, a doctor who is consciously Catholic. The vocation of a mission doctor makes great demands not only on technical knowl-

edge but also on character: Humility, selflessness and the spirit of sacrifice; perseverance in the task appointed; much patience, more even than at home; courage in enduring the primitive conditions in mission countries; understanding the customs of the natives; a sense of humor is a **sine qua non** too. These and other qualifications are required for the mission doctor.

3. Is it sufficient to engage any doctor for the mission irrespective of his religion or mission spirit provided he is able to do the medical work?

Medical missions cannot be satisfied with just a doctor in the mission, no matter how useful he may be. Where there is no feeling and bond with the mission, the medical work does not fructify, apostolically. If a mission decides to have a medical mission in its district, it would be to remain half-way if it engaged doctors who are not Catholic or who are not even Christian as it has happened in some cases. Here the deeper sense of medical missions is not understood. It consists in this, that medical work go harmoniously hand in hand with the general and special local aims of the mission.

The mission doctor has prepared himself for years for his medical mission work and longingly waited for it. One can expect from him with much more assurance a successful cooperation of doctor and mission.

4. Should the mission doctor be married?

This has been the subject of lively debates. One mission superior from China 25 years ago already asked for a **married** doctor and hoped that his wife would know also something of nursing and preparation of medicines. The exemplification of Catholic family life also is of great value.

Family life is the antidote to loneliness, to which the isolated doctors would be exposed. The missionaries are not able to offer him the needed social life. In places where there are many Europeans, the lack of social life would not be felt so much, but for isolated places one mission doctor wrote: "I would absolutely advise that only married men be sent."

Dr. J. Pattis who died in 1933 in Africa, on the other hand, expressed the opinion that the mission doctor should remain unmarried and live according to the evangelical counsels like religious. Another view was that the doctor should only marry a few years after arrival in the missions.

Msgr. Becker in his wisdom and experience held that circumstances and personal needs differ that it was not possible to make a hard and fast rule.

5. What about the mission doctor's wife?

In view of the primarily religious character of his mission doctor vocation, the wife should be chosen from among the deeply religious mission-minded, self-sacrificing young women. She should not be afraid to live in an isolated area or to tackle any thing, be it the building of a palm hut in Africa or the proper cooking of rice in China. She must encourage her husband in his work, and help him to stand firm in the ups and downs of his vocation. Therefore she should be made familiar in good time with the problems by being told of his membership in the Medical Mission Institute. The young lady should pledge her "Yes" not only to her fiancé, but to the young fiancé-mission-doctor. Otherwise, she would rather keep him from, than stimulate him in his vocation. Future wives of mission doctors usually spend at least a year before their marriage in the Medical Mission Institute to acquire a solid religious missionary attitude.

6. Should the women doctors be married or unmarried?

The circumstances are different for men and women doctors. Only unmarried women doctors will be able to render the service required by their vocation except in the case one would be married to a mission doctor. A woman mission doctor who has pledged herself to a certain number of years' service is released from her obligation in case of marriage (also, on entering a religious community.) The Institute however, does not accept women students who have the intention to get married.

7. Should mission doctors be members of a religious community?

Some may think "Priest and doctor in one person—how beautiful that must be!" Monsignor Becker said, "It is remarkable that our mission societies, although the solution

of having priest-doctors was suggested, have made very few timid attempts." That must have its reasons, and so it has. Either a mission society lets its students study medicine first and then philosophy and theology, or vice versa. Let us take the first case. How many, after medical studies will have still a desire for further long studies? It would certainly be very expensive, and what does such a student still remember of medicine after the long philosophy and theology courses? Or suppose the mission societies reverse the method. The selection of suitable candidates will not be an easy one. Many who would be good theologians, would also be suitable for the long study of medicine, which however, requires a different character, different inclination and aptitude. With the great and difficult task of the missionary and the requirements of modern medicine, it will be hardly possible to combine priest and doctor in one person. In an individual case, it may work, but as a solution, it must be disregarded if for nothing else than the long years of the double study. As regards women doctors, there is a possibility for them to join a religious community. Up to now, there is no religious community for women doctors exclusively; although, there are religious communities who not only accept doctors but also educate them. Religious communities specifically dedicated to medical mission work, such as the Society of Catholic Medical Missionaries, are specially adapted for professional medical work. (Both forms, the lay woman mission doctor and the Sister mission doctor have their place, and it is good that there are possibilities now to follow inclination and vocation for either. It must be admitted that both demand great sacrifices in the interest of the whole, and that both offer a good and workable solution, as years of experience have proved. It is possible that another solution might be in something like the recently approved lay institutes. The future will tell. A. D.)

8. What about the helpers of the mission doctor?

They are of two classes: the missionaries and the natives. Among the former are mainly the priests and Sisters who assist the doctors. For the training of Sisters, the Institute has arranged complete nurses' training courses with state diploma. There are shorter courses which give the priests and Sisters an idea of the diversity of medical science and show them to what extent they can deal with sick people without professional training.

The mission superiors are responsible for the religious life and welfare of their subjects and the administration of the Institution. The doctor must assure the welfare of his patients. A well defined field of each is absolutely necessary. The doctor must know how far his duties and rights go, but he must on the other hand, also consider the rules and regulations which the mission society asks of its members. Not to care about these rules, will lead sooner or later to trouble which will injure the work.

The doctor must remember that he is a new element in the missions. Before the advent of the mission doctor, missionaries by force of circumstances, cared for the sick, although not in a professional way due to the prohibitions of Canon Law. In this way, in the course of time, far away from home, certain medical practices have been handed down. Tradition gave them approval. Whether they were always good, is another question. Whatever is good, the mission doctor will certainly respect. Other things, as a professional he will not be able to countenance. There are limits to which a doctor can go and still remain a doctor. The medical mission will be a success only when there is mutual understanding between the mission authorities and the doctor.

9. Are the natives grateful for help given?

Mission doctors should not look for thanks. To begin with, they will have made up their minds to work for God, but they remain human beings. They would rejoice to see some appreciation in the form of the confidence given and interest in the word of God. This happens quite frequently in many forms. However, it is often as in the Gospel; ten were healed, but only one returned to give thanks. Of 2,599 vaccinated Zulus, only one gave thanks, a little girl who brought a bouquet of flowers to the doctor.

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ENGLAND'S FIRST MODERN CATHOLIC HOSPITAL

By Douglas Newton

When the people of the port of Gravesend, Kent, England, gathered in the streets to give a rousing welcome to the British Guards on their return from the Crimean War (1854-56) they saw an unusual sight. As the most redoubtable regiments swung out from the dock gates in full military pomp, with bands playing, colors flying and bayonets glittering, at their head walked two Catholic nuns.

These were Sisters of Mercy who had accompanied the famous Florence Nightingale, the Englishwoman who had organized a team of nurses to go to Russia and tend the wounded soldiers. They had served with her all during the Crimean War and had played their part in her heroic efforts to reorganize the whole scope of hospital nursing. Their work done, they had returned to England in the same troopship as the Guards, and although they had tried to slip away quietly to the railway station to take the train to London, the soldiers would not allow it. They had insisted upon their walking in the place of honor, at the head of the column, in recognition of the devotion to the wounded they had shown throughout the Crimean War.

Nuns Honored

Although that happened 92 years ago, it is remembered to this day. Inspired by the war record of the nuns, Cardinal Wiseman asked their order to open the first of the modern Catholic hospitals in England. Thus in November of that same year, the Hospital of St. John and St. Elizabeth was established, and the two Sisters who had been honored by the Guards were among its founders.

Built at first in a crowded district of London, it was connected from its inception with the historic Order of the Knights of St. John of Jerusalem. One of its great benefactors, Sir George Bowyer, was a Grand Commander of these Knights, and he made the Hospital the London house of the Order. He not only gave it its name but he erected within it, as its chapel, a replica of the beautiful church of the Knights of St. John at Malta. From that day many of the Hospital's governors have been Grand Commanders, last being Lord FitzAlan of Derwent who died only last year.

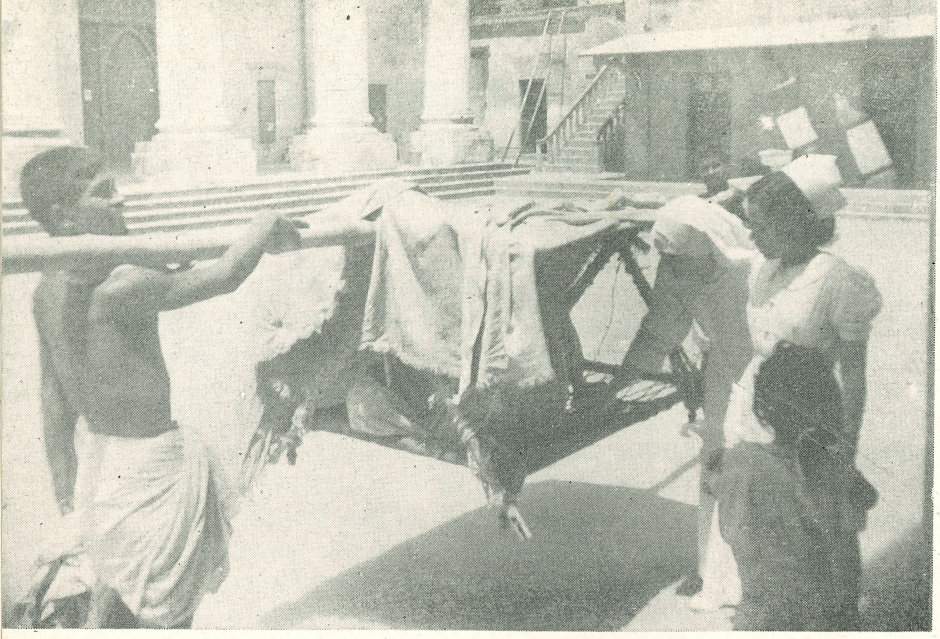
Origin of St. John's Wood

A further and interesting link with the Order was forged in 1898, when the Hospital, having outgrown its original premises, sought a larger site. It found one further west in London in the district of St. John's Wood, which as its name implies, was once part of the estate of an old Priory of the Knights of St. John.

It is still in the care of the Sisters of Mercy who are not only certified nurses but staff a school in which other nurses are trained for hospital and private work throughout Britain and the Commonwealth countries. It is attended also by nuns from other countries who are preparing to go as medical missionaries all over the world.

Note: As a result of long negotiations, the 60 Catholic hospitals of England have been assured that they will not be nationalized.

Courtesy of
British Information Services



This is called a "doolie." A patient who survives a trip in one of these with five or six layers of covering in May or June has "ipso facto" a fighting chance of recovery.

Transportatio

by Sister M. Marcella,

There seems to be no end to the methods of getting places in India. The main road in Patna is a cavalcade of the history of transportation with everything from Shank's mare to a Rolls-Royce. Traffic hazards are numerous. If I were to walk down the "boulevard" I would want a rear vision mirror.

The quickest and cheapest means to go "down town" is the bus. "Down town" is a 25 to 45 minute ride, depending on traffic. The bus is always crowded by the time it reaches the gates of Holy Family Hospital.

There is always room for one more on an Indian bus.

Some of the drivers do not think it proper for the Sister memsahibs to be packed in like sardines—regardless of the memsahib's opinion—and do not stop. In any case, it is a matter of taking a flying leap, and landing inside the door.

Once inside, the chances of getting a seat are fair. Long benches line either side, and a seat across the back is reserved for ladies. Comparatively few Indian women are seen on the buses. The bus stops with a jolt and starts with a jerk—that is, if it starts. Sometimes the conductor and a few kind-hearted onlookers give a push.

Rickshaws

In Patna we have a very modern invention—the bicycle drawn rickshaw. This is light, has springs and rubber tires and seats two (thin) persons fairly comfortably. If the rickshaw wallah really knows where the railroad station is, he'll get you there. It's becoming the most popular taxi in these parts. In Calcutta, however, this variety is considered a traffic hazard, and is forbidden.

Ox Carts

Ox carts are quite versatile. This model has the same chassis and motor all over India. They are used for practically all the freight hauling for short distances. Sometimes our patients come in these, traveling for days. Many a child arrives from an outlying village —

n In India

C.M.M., M.D.

A common means of conveyance is the horse and buggy, known as the "tonga." If you get a good horse, you're lucky.

where he was bitten by a snake—too late!

The Tonga

Another favorite taxi is the tonga, a two wheeled horse drawn buggy. If the driver and passenger balance in weight, everything is fine. But if not, one or the other is "up in the air."

The epic on tonga rides is Sister Clare's story from Pindi:

"Last week some of us took a tonga to go to afternoon Mass at the Cathedral. We got off to a late start, but thought we could make it if all went well. However, that is foolish to presuppose. When about half the journey was completed, we arrived at a hill, not very steep, but a hill nevertheless. Our horse decided that this was too much for him. So he came to a gentle stop, and there we sat. The tonga wallah practically stood on his head trying to make the animal move. He whipped and then he patted him tenderly, yelled harshly and then started to sing. After about five minutes this last method suddenly worked, and off the horse went with a bound. As long as it seemed so helpful, we contributed a little to the encouraging strains, and soon we were at the top of the hill.

"But — that was only half the story. The other half lay in the other hill. Once again, the horse decided to stop. To make life more interesting, it suddenly started to pour rain. The tonga wallah simply screamed and cried and sang at the top of his voice, but to no avail. In the meantime we just sat, and became drenched. After a bit, the horse got the urge to go. We arrived at Church in quite a state. And that's the story of one ride in a tonga. Of course, it isn't always like that, but one never knows what the next hill will bring."

While the ox cart is not the speediest kind of transportation, it is fairly dependable. The top speed is three m.p.h.

(Continued from Page 6)

10. How is the Institute financed?

Already in September, 1922, Monsignor Becker said, "With the Medical Mission Institute, we do not want to create a benevolent society nor one to provide an income for doctors. The undertaking must be built on ideal and completely religious foundations in order to be viable and endure. Only those who wish to contribute to the great mission work of Christ shall enter it, and the best proof of their pure intention will be when no earthly advantages draw them." These words are very clear.

The studies are financed by each student himself or herself, but it was possible to help in particular cases through scholarships.

The financial basis of the Institute is the "Association of the Catholic Medical Mission Institute." Members are the eight organizations which were instrumental in founding the Institute, the Bishop of Würzburg, and people and corporations elected by the members.

11. Are Medical Missions really useful and necessary?

Yes, they are.

Because the mission doctor everywhere prepares the way for the missionary through his selfless charitable work which make people accessible and ready to listen.

Because the natives see that the white man does not come to exploit them.

Because real missionary work — that is work for souls—is often not possible without actual help for the body. The care of the sick has been practiced for two thousand years, by Catholic missionaries and lay people; but at present it is only a half-done task because professional people have not been enlisted.

Because the bad hygienic conditions are a grave danger for mission personnel without competent medical supervision.

Because the witch doctors are a main obstacle to mission work and because this pagan fortress can be destroyed through the mission doctor and his co-workers.

Because in many places, schools have to be turned over to the state; so, their sphere of activity is limited and results become less. Therefore, influence must be spread where it is possible. It is possible in the field of the care of the sick. The usefulness and the necessity of this branch of mission work, the Pope and high ecclesiastics have already expressed through their great interest in the Würzburg Institute from the very beginning. Pope Pius XI had expressed His recognition of medical missions several times so that the mention of it in his encyclical "Rerum Ecclesiae" as an important mission method was not surprising.

Cardinal Hinsley, when Apostolic Visitor in Africa wrote: "The way in which medical mission work is neglected in some vicariates is tempting heaven. I found a good number of them not only without a doctor but also without trained Sisters." The Holy Father in His encyclical puts great weight on the medical care of the natives. The protestants are far ahead of us in this respect, and we must try to make up for lost time. The influence of a doctor on the natives is very great . . . The necessity for China is emphasized in a circular letter of the Apostolic Delegate, Archbishop Zanin, "In the present stage of development of China it is the doctor, yes, only the doctor with whose help we can convert Christian charity for the sick into fruitful deeds . . . Brothers and Sisters who have had nurses' training can do excellent work, but they need the direction of a doctor."

In connection with the Mohammedan missions in India, a Prefect Apostolic said, It is true that the little girls go to the mission schools. When they grow up, however, they can come in contact with Christianity only through mission hospitals staffed by women.

12. Is the interest in medical missions sufficiently widespread to warrant an international organization?

The Medical Mission Institute of Würzburg was the first and still the only lay institute requiring its members to be resident during their studies. In Holland, U.S.A., Belgium, Switzerland, France, Italy, Austria, Hungary, Ireland, Canada, Portugal, Spain, Roumania—in all these countries, and perhaps in others too, there are either established organizations or plans to organize

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FRIENDS OF OURS: *The Panwallah*

By Sister M. Elise Wynen, S.C.M.M., M.D.

It took us a long time to get to the bottom of the "panwallah." Yet he is almost the oldest friend of Patna's Holy Family Hospital. Rarely does a week go by that he doesn't appear, either in the dispensary or in the hospital. But never for himself—always with a blubbering child or a shy young woman in tow, with a group of relatives following him from a respectful distance. We were used to the large and much ramified joint family system of the East, and remained quite unsuspicious of this army of sick relatives until recently.

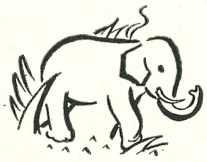
In the meantime the panwallah had become a sort of hospital institution. We never used his name, although he went on the books as the responsible relative with remarkable frequency. But everybody always called him "panwallah," meaning, the man who sells the betel nut. He had a little shop across the way from the hospital gates where he sold the green leaves, the nuts, spices and smear of white lime, which together are called "pan." This is folded up into a small package, and chewed by nearly every Indian of this neighborhood. The shop was barely four feet deep, just a shallow cupboard, in which our panwallah squatted from morning till night, surrounded by his paraphernalia. From time to time he would busy himself making up the little packages, but usually he had plenty of time to interest himself in the doings and sayings of his neighbors and customers.

His strategic position, right across from the hospital gates, and his easy shopkeeping brought him into contact with a steady stream of villagers who wanted to get their wives and families treated in the Sisters' hospital. Indian village people are an unusual mixture of shyness and suspicion, of fear and aggressiveness. Feeling themselves out of their depth with these strange white women, they will consult the first man who will listen to them, and be capable of advising them. It didn't take the panwallah long to size up the situation. He soon became known as the expert on hospital matters, the willing guide, interpreter and advisor.

Now panwallah has an eye to business, as all Indians have. His betelnut establishment prospered steadily, but that was only a start. Soon he began renting out his tiny upper rooms for the men who wanted to stay near their patients in the hospital. For a special consideration he would add the use of his pump, his cookstove and his spitoons. Soon the "Holy Family Hotel" was in full operation! Finally, in a quarrel with a dissatisfied customer right inside the hospital gates, the full truth of panwallah's prosperity came out. He was charging the relatives for hospital care as well! They were paying him regular rates; so much to get the patient admitted, so much to get her examined in the dispensary, so much to get injections (the Indian's modern panacea), etc., etc.

Panwallah knew how to handle his villagers. He was fleecing them right and left, yet ordinarily they went home grateful for his paternal care! Moreover, he also knew our habits and customs, our ideas and reactions to various kinds of patients. He knew that we never refuse admission to a sick patient; he knew that we gladly order liver or calcium injections for anemia and weakness; he knew that the story of a supposed emergency would make us see his particular patient at once, no matter what time of the day or night it was. Panwallah cleverly cashed in on his superior wits!

We had a frank heart-to-heart talk with Mr. Panwallah, but I doubt that it made much difference. He knows very well that we have no hold over him whatever. Actually, as long as he stays within reasonable limits, he is very useful to both the patients and us. He breaks the ice, increases faith and confidence in us, and prevents the use of quack remedies and the danger of delay. So we are friends again, and the procession of patients from the villages to Holy Family Hospital, via the panwallah continues. What can't be cured must be endured!



GOLD COAST NEWS

Every couple of months the larder needs replenishing and we have to go to town to shop, **town** being Kumasi. The diary of a typical trip goes something like this:

The distance is only about 100 miles and the trip takes roughly (literally) from four to five hours, the time being dependent on a few minor details which can grow into monstrous ones, such as the condition of the road, the lorry, and lorry driver. Lorry trips can be very interesting, especially when they are made 10 to 20 years before the advent of the African Transit Co. I wonder if the A.T.C. will countenance the goat and the hen and the bunches of plantain and bananas, the bags of cocoa, and the steerage passengers that ride in the little trailer which every lorry pulls behind it?

We are off at last. Settling back with a good book in my lap, I was ready for the 100 mile stretch. The narrow, winding road is the only one running into Kumasi from this northwest section of Ashanti. It cuts through the heavy forest of palm, odum, plantain, and cotton trees. These last are very tall trees, towering over the tallest palms. The base of the trunks divide into several well-defined buttresses that spread out like lovely fans. Most of the cocoa farms are planted under these trees, for the cocoa tree thrives in the shade. It was mid-September, and the cocoa pods, growing out of the main trunks of the grey mottled trees were turning pumpkin yellow and looked very much like a fall harvest in the States.

At the first village we came to, the driver turned off the main road, and drove between several houses to pick up a passenger. While we waited for him to gather his belongings many little children gathered about the truck. It is not every day they see a white woman in their village. They had the usual children's toys—hoops, sticks, and colored stones. One toddler pulled a miniature American jeep on a string. It was hand carved and made completely of wood. Of course they wanted to know where I was going. In fact, at every stop I had to tell where I was going, how long I intended to stay, and what lorry I intended to take on my return in response to the usual sociable questions which are good form here, just as the Chinese custom of inquiring about one's age.

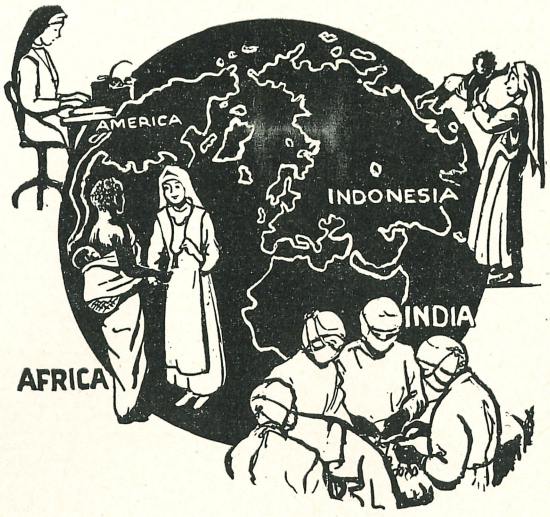
At one village there was a native wayside stand with a big open fire. The passengers went over with their saucepans and kettles, which are a part of their traveling equipment. They returned with steaming dishes of **fufu,** the staple native dish of balls of pounded yam served in a meat stew, cooked with hot peppers. Fufu is to an Ashanti what a chicken dinner is to an American. The owner of the stand felt sorry for me when he saw I had no pan for fufu. But in his best English, which was not much, and my best Twi, which was less, we agreed that I did not really care for fufu. He then produced some bananas, and with a genial African smile **dashed** them to me.

It was all of 5:30 when we got into Kumasi. We had run into a rain storm outside Kumasi and it came down in torrents. The passengers were thrown into complete darkness when the tarpaulins were let down to keep out the rain. Meanwhile water seeped through the numerous cracks. Donning a rain cape was a mere formality: I was soaked through.

The return trip was almost a repetition of the whole experience. The driver went all around Kumasi, calling, "Berekum, Berekum!" It all helps make each shopping tour an adventure.

Sisters Margaret Mary, Raphael and Paula

AT HOME AND ABROAD



The Motherhouse

On January 5, eve of that great missionary feast, the Epiphany, Rev. Fr. Paul Chan gave a talk on China. He briefly sketched the history of the missions of China, and outlined present day hopes and plans for the growth of the Church in China today. Father Chan, a native of China, completed his studies for the priesthood in Rome. War conditions prevented his return to China after ordination. He remained in Rome for several years continuing his studies, then came to the United States. At present, he has charge of the 300 Chinese students who are attending various Catholic colleges in this country. After graduation, these students will return to China, to become lay apostles in the fields in which they are qualified.

Holy Family Hospital
Mandar, India

Mandar

The coolies and regia (women coolies) working on the building of our new convent are a story in themselves. One coolie whom we have dubbed "Beau Brummel" takes the prize. His head is always swathed in about three yards of unbleached muslin, which is edged with tiny red and blue tassels which dangle fetchingly over his eyes. It would remind you of the piano covers of grandmother's day. Around his neck he wears a six strand dog collar of red and white beads, from the front of which is suspended a silver rupee, King Edward VII model which has not been legal tender for several years. If it is a chilly day (that is, about 75 degrees) he wears the tattered remains of what once was a shirt, but ordinarily his polished ebony body boasts only the ordinary loin cloth worn by the pagan Uraons.

Beau does not know it, but he furnished us with the best laugh we had while building this house. There was a light shower of rain, so light that the munshi (boss) kept the coolies at work. As we crossed the compound to the Hospital, we looked toward the pond which had been built for soaking the bricks and there was the debonair Beau dunking a brick with one hand, and solemnly holding a big black umbrella over his head, or I should say, over his tassels, with the other. No one else had considered a raincoat or umbrella necessary, but Beau's tassels must be kept dry at all costs. For weeks, whenever we looked at that pond, we saw again that ludicrous picture.

The fashion model of the regias is one Umri. She is short, very black, and has

long braids which are coiled at the back of her head. In comparison with Beau, she is swathed in clothes. Round and round she is wrapped tightly in flat folds of cloth until, from her knees to her shoulders, she could serve as a model for a mummy. Sometimes Umri plaits some scarlet bougainvillia in her coal black hair and at other times, it is the sweet smelling creamy temple flower that tops off her coiffure.

But her most prized adornment is her necklace, more elaborate by far than Beau's. Like his it is a dog collar, but it is made up of at least ten strands and it is boned or wired at the sides to make sure that it is always displayed at its best. From this collar of red and white beads hang long loops with large flat red beads that serve as medallions for and aft and on both shoulders. It is as if some one tried crochet work with beads. When Umri carries a load of cement or a pile of bricks on her head, she steps out with a style all her own. She is a privileged character and she knows it. The other regia may carry their loads to the top of the ladder, but Umri, the beautiful belle, goes about half way up the ladder and graciously permits the men above to remove the load from her head. Umri is a lassie who could show "the Colonel's Lady" a few things.

Sister Ignatius Marie

Rawalpindi Holy Family Hospital
Rawalpindi, Pakistan

There was a reunion of Medical Mission Sisters at Calcutta when the T.N.A.I. (Trained Nurses' Association of India) held its convention. It was like Old Home Day, or August 15 at the Motherhouse to see so many of us together at one time. There was Sisters Stephanie and Cyril from Patna, Sister Ignatius Marie from Mandar, Sister Jude from Bharananganam, Sister Cecelia from Mymensingh, Sister Dolores from Karachi and myself from Pindi. We had a grand time. On my way home I visited Mandar. It is a lovely little spot—and the climate is gorgeous.

Of course, I also had a lovely visit in Patna. Everyone was busy and working hard. Srs. Cyril, Louise and Stephen are now "R. M."—Registered Midwives. Then I left for Delhi where I had to go to get a visa to enter Pakistan. I visited two of our Mary Giri Sisters there who are at the College of Nursing, and then flew from Delhi to Lahore, and took the train from there.

Sisters Vincent and John arrived just before Christmas, and were we glad to see them!

Sister M. Clare

IN OUR LIBRARY

Medical Missions
By Rev. Pierre Charles, S. J.

A Missionary Academia Study published by the Society for the Propagation of the Faith and the Missionary Union of the Clergy. Vol. 6 No. 50 .25 per copy pp. 31

This study considers the necessity for Medical Missions, their history and development, and the many obstacles to be overcome in their fulfillment.

Father Charles' theme may be summed up: "Missions are the activity of the growing Church . . . Medical Missions are something more: the living expression of the motherly character of the Church . . . We may say that today Medical Missions are of paramount importance."

MATERNITY CARE IN A SPANISH-AMERICAN COMMUNITY OF NEW MEXICO by Sister M. Lucia Van der Eerden, S.C.M.M.

A Dissertation. The Catholic University of America Press, Washington, D. C. 1948 $1.00 pp. 75.

New Dawn in Japan
By Rev. Everett F. Briggs, M.M.

Longmans, Green and Co., Inc. 1948 New York $2.75 pp. 237

Reports from all sides have been telling us that the people of Japan are ready to turn to Christ, if only there were missionaries enough to bring His message to them!

In this book, Father Briggs confirms these reports. After giving a concise history of Japan, he tells of his own experiences as prisoner of war in the land of Nippon. The last few chapters sketch the efforts of different missionary communities to give to the people of the Land of the Rising Sun the true Light for which they seek.

This book is recommended to all who would like a view of Japan, past and present.

THE CHURCH'S WORLD WIDE MISSION by His Excellency, Most Rev. James E. Walsh.

Benziger Bros. New York, 1948 $3.00 pp. 231

MANUAL OF MISSION ACTION by Rev. Joseph Etiennce Champagne, o.m.i. Doctor of Missiology, Professor of Missiology at Catholic University of Ottawa. Translated by Roy L. Laberge.

University of Ottawa Press, Ottawa, Ont. Canada, 1948. $6.00 pp. 743 Valuable statistics of Protestant missions included.

IN THE LAND OF THE SINDHI AND THE BALUCHI—A report on Catholic activities in Sind and Baluchistan 1935-1947, compiled by order of the Rt. Rev. Msgr. Alcuin Van Miltenburg, O.F.M., Ecclesiastical Superior of Karachi.

Rotti Press, Karachi, 1947. pp. 147 No price given.

THE OFFICIAL ACTS OF THE MARIAN CONGRESS OF OTTAWA—With a Preface by His Excellency, the Most Rev. Alexandre Vachon, Archbishop of Ottawa.

A commemoration of the Congress held June 18-22, 1947. pp. 341 Illustrated.

The REPORTS of the Third International Congress of Catholic Doctors, held in Lisbon, from June 17-23, 1947.

Campo dos Martires da Patria, 43, Lisboa, Portugal, $5.00

A volume of 1,024 pages in Portuguese, French and English with a message from the Holy Father and valuable articles on the main theme of the Congress: "Individual and Collective Medicine." It is especially gratifying that Medical Missions had a place in the Congress by eleven communications. Other subjects treated are the International Secretariat of Catholic Doctors; the first medical school of Portugal and communications of medico-social, moral and historical interest.

LE TRAIT D'UNION MEDICAL

Organ of the International Secretariat of Medicine, published via della Conciliazione, 1, Rome, Italy, announces the Fourth International Congress of Catholic Doctors to be held in Rome in September, 1949.

R. I. P.

Rev. John P. McHugh
Philadelphia, Pa.
Rev. William J. Walsh
St. Paul, Minn.
Rev. James E. Coakley
Philadelphia, Pa.
Mrs. Ira Thomas
Philadelphia, Pa.
Mrs. Theresa Nordlund
Parkersburg, W. Va.
Mrs. Eveleen Ferguson
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Mrs. Mary J. Guilfoyle
Lowell, Mass.
Mrs. Elizabeth O'Brien
New Castle, Pa.
Miss Catherine A. O'Donnell
Pittsburgh, Pa.
Miss Ella T. Maher
New York, N. Y.
Miss Helen Anthony
Washington, D. C.
Mr. Charles Walter
Washington, D. C.

MEDICAL MISSION **(from Page 10)**

such. Truly among Catholics, the brotherhood of man in Christ is being felt more and expressed in the aspiration to help the millions in non-Christian countries to know Him Who brought salvation for souls and bodies.

A fructifying central organization is still missing. The Medical Mission cause is big enough to warrant it. Already in several countries the idea of uniting all medical mission movements under Propaganda Fide has been suggested. (The end)

His Excellency, the Most Rev. Thomas J. McDonnell, D.D. National Director of the Propagation of the Faith examines a curio in the Medical Mission Sisters' booth at the Marymount Mission Conference, held at Marymount College, Tarrytown, N. Y.

Left to right: Rt. Rev. Msgr. John J. Scally, Director of the Society of Propagation of the Faith, Miss Lenoir Gary, '49, Miss Mary Lou Flicker, '49, Sister M. Christine, His Excellency, and Sister M. Samuel.

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